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**** CONTINUING DATA *******
None R.S.

**** FOREIGN APPLICATIONS *******
None R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 04/27/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>P.S.</i> Initials			

ADDRESS
28075

TITLE
Expandable retrieval device with dilator tip

FILING FEE RECEIVED 1158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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